

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101012651 FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
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9						
10					1	
11					1	
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TOTAL IND.			↓		↓	
TOTAL DER.			↔		↔	
TOTAL CLAIMS			0		0	

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
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100								
TOTAL IND.			↓		↓		↓	
TOTAL DER.			↔		↔		↔	
TOTAL CLAIMS			0		0		0	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS